

**EXHIBIT 1  
continued**

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2 General talk; some shop, some weather, some  
3 food.

4 Q. Did you have a good working  
5 relationship with Ms. Del Bene?

6 A. I thought so.

7 Q. Did you have a good working  
8 relationship with Nicole Serra?

9 A. Absolutely.

10 Q. Did you have a good working  
11 relationship with the caseworkers?

12 A. Not all of them.

13 Q. Which ones did you not have a good  
14 working relationship with?

15 A. In particular, Collette Gelardi  
16 G-E-L-A-R-D-I, I believe.

17 Q. Anyone else?

18 A. That I didn't have a good working  
19 relationship with?

20 Q. That's correct.

21 A. Not that I'm aware of.

22 Q. When was the last time before today  
23 that you had contact with Denise Galloway?

24 A. When was the last time?

25 Q. Yes.

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2 Q. Is Defendants' Exhibit D the e-mail  
3 correspondence with Katherine Andersen that  
4 you were referring to?

5 A. Yes, it is.

6 Q. In the middle of the page in the  
7 part that you drafted, the second line down  
8 contains the words, "I have to find my place,  
9 and that is in mental health."

10 Do you remember writing that?

11 A. Oh, yes.

12 Q. What did you mean by that?

13 A. Well, I meant that I came from a  
14 mental health -- I originally started at  
15 Lawrence Hospital in hospital social work and  
16 found my way into mental health, which was  
17 really what I love to do, and that since this  
18 didn't work out, I would go back to doing  
19 psychotherapy.

20 Q. And the next line, you said, "I am  
21 looking to start up a private practice since  
22 my forte is psychotherapy."

23 Do you remember writing that?

24 A. Yeah, sure.

25 Q. Did you know that your forte was

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2 psychotherapy before you started at Lawrence

3 Hospital?

4 A. Absolutely.

5 Q. Did you anticipate your job at

6 Lawrence Hospital involving psychotherapy?

7 A. Absolutely.

8 Q. Did it?

9 A. Not to the degree that I was  
10 promised it would be.

11 Q. How did it fall short of your  
12 expectations?

13 A. When I was interviewed, Cathy  
14 Magone assured me that although I didn't have  
15 the case management model expertise at this  
16 point, I would be able to use my mental  
17 health experience and my behavioral health  
18 experience to a very large degree at Lawrence  
19 Hospital.

20 And the reason that she said that  
21 was that I would be able to use it in the  
22 palliative care center and I would be able to  
23 use it working with patients and families who  
24 have issues, who have issues of death and  
25 dying, issues of finance, any human-related

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2 issues.

3 And she assured me, and I quote  
4 her, that I will be able to use my behavioral  
5 health background and basically I could write  
6 my own ticket at Lawrence Hospital.

7 Q. Those are her exact words?

8 A. Those are her words.

9 Q. How many interviews did you have  
10 with Cathy Magone?

11 A. I remember one after 5 p.m., I  
12 believe it was, on December 1, 2005. Cathy  
13 Magone alluded to seeing me a second time,  
14 and I don't recall that, so...

15 Q. You're referring to Cathy Magone's  
16 deposition testimony?

17 A. Yes.

18 Q. So you only remember one interview?

19 A. I do.

20 Q. Did you expect to be performing or  
21 providing psychotherapy at Lawrence Hospital  
22 full-time when you started?

23 A. No.

24 Q. What other types of care or what  
25 other types of work did you expect to be

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2 doing?

3 A. What I was told was I would be  
4 working very closely with the case managers,  
5 that they would, in fact, be feeding patients  
6 to me that needed to be seen, and that there  
7 would be other sources of providing me with  
8 work via MDs, nurses, emergency room,  
9 whatever was needed of me. But the major  
10 portion of my job would be behavioral health.

11 Q. When you're using the phrase  
12 behavioral health, you're referring to a type  
13 of social work here that includes  
14 psychotherapy?

15 A. Absolutely.

16 Q. And the work that you, for example,  
17 referrals that you received from case  
18 managers or other patients that were directed  
19 to you by doctors or nurses, that was social  
20 work of another kind?

21 A. No, no. It was cases that they  
22 couldn't manage that needed that -- how do I  
23 put this -- that needed a social worker's  
24 touch, that needed some nurturing and caring  
25 and being able to work with the patients and

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2 their families in determining how they could  
3 be discharged in a way that made sense to  
4 Lawrence Hospital, as well as to the patient.  
5 Keeping in mind the length of stay, keeping  
6 in mind many other factors, which I  
7 understood.

8 MR. KEIL: Let's take a five-minute  
9 break.

10 (Recess taken from 11:24 a.m. to  
11 11:30 a.m.)

12 Q. Drawing your attention back to  
13 Defendants' Exhibit D, you see the line, "I  
14 thought I could fit in at LHC but there's  
15 such a back-biting mentality and pathology in  
16 case management dept, so I didn't stand a  
17 chance."

18 What did you mean by that sentence?

19 A. What I meant by that was that at  
20 the onset, the case managers were very  
21 territorial about their cases and about what  
22 they did. And when I came on board, there  
23 wasn't lot of sharing of information with me,  
24 so I kind of worked in a vacuum for some  
25 time, and I just felt like it wasn't working.

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2 In regard to that, I -- after a  
3 month, two, three months, I don't recall, I  
4 asked Cathy Magone if we could possibly have  
5 a meeting with myself and Nicole, who were  
6 the only two social workers, and the case  
7 managers, so that we could clear the air, so  
8 that they could understand that my  
9 relationship with them was not adversarial  
10 and that I wanted to work with them, but I  
11 couldn't help them if they didn't give me the  
12 information I needed in a timely manner and  
13 allowed me to do my job.

14 And we had a meeting in regard to  
15 this. At the meeting, some of them  
16 understood what I meant. Some said, you  
17 know, welcome. We understand. You know, but  
18 we work at a very fast pace and social  
19 workers work at a different pace because you  
20 have to get in there and understand the  
21 patient and understand the needs, but we will  
22 try to work with you.

23 Working with me happened with some  
24 of the case managers, but not with all. And  
25 when I say back-biting, there was a lot of

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2 just e-mails back and forth to Cathy Magone,  
3 particularly by Collette Gelardi, watching  
4 everything that I did, calling me and saying,  
5 "I need you here immediately."

6 And me saying, "I'm with a patient"  
7 or, "I'm with a patient's family and the  
8 patient is dying. I can't come there at this  
9 moment," and her becoming very angry with me  
10 and calling Cathy and saying that I'm not  
11 responding to her. And I'm not responding  
12 the way that they want me to respond.

13 That's what I meant by back-biting.  
14 That instead of being cohesive, some of them,  
15 not all, set up this relationship with me  
16 that I felt was adversarial. And which also  
17 impaired my ability to do what I needed to  
18 do. Because if I have to help them  
19 discharging, I need to know who's discharged  
20 from day one, not when the person is getting  
21 dressed to go home, and then they would call  
22 me and say, "They're angry, they're going  
23 home. They don't want to go home. Get in  
24 there and make it right before they leave."

25 That's not working together and

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2 that's not working in a cohesive manner and  
3 that's what I meant by that.

4 Q. Who besides Collette Gelardi  
5 behaved in that way?

6 A. Kitty. I don't know Kitty's last  
7 name. I apologize.

8 Q. Is Kitty her given name?

9 A. That's the name she uses, Kitty.  
10 Kitty was extremely territorial and sometimes  
11 wouldn't share cases with me at all. And  
12 say, "I'm not even going to call. I'll do it  
13 myself. Don't worry. I'll handle this."

14 So it was very hard for me to do  
15 the work that I needed to do.

16 Q. How many case managers were there?

17 A. I want to say seven to nine. I  
18 don't know exactly. Eight or nine.

19 Q. Were there any besides Collette  
20 Gelardi and Kitty that you feel had this  
21 attitude?

22 A. Barbara, in the beginning, and then  
23 she and I talked about working together, and  
24 when I left, at the time that I was  
25 terminated, we had a good working

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2 relationship, a very good working  
3 relationship, I would say.

4 Q. When you and Barbara talked, was  
5 this at that meeting that you referred to or  
6 was it at some other time?

7 A. It was before that.

8 Q. When was the meeting that you and  
9 Nicole Serra had with the case managers?

10 A. As I said before, I don't recall.  
11 Nicole came on board in April, I believe  
12 April, so it may have been May, sometime in  
13 May. It was one of our length-of-stay  
14 meetings, and we used that to discuss our  
15 roles and how we could work together.

16 Q. Was Cathy Magone also present at  
17 the meeting?

18 A. Yes, she was.

19 Q. How long did you have the stay  
20 meetings while you were at Lawrence?

21 A. Every week, once a week.

22 Q. Did it have a regular schedule?

23 A. Yes.

24 Q. When was that?

25 A. It was either 12 or 1 o'clock. I

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2 with all the case managers happened before or  
3 after Maura Del Bene started working at  
4 Lawrence Hospital?

5 A. I want to say before.

6 Q. In Defendants' Exhibit D, what did  
7 you mean by the word pathology in that same  
8 sentence I read to you earlier?

9 A. Pathology is, how do I explain  
10 this, pathology is like the genesis of  
11 something. The pathology of it, where it  
12 stems from, how it progresses.

13 Q. Were you using the word in a  
14 clinical sense?

15 A. Yes.

16 Q. Is there anything specific that you  
17 intended to refer to with that word other  
18 than the back-biting mentality?

19 A. Just in general. Yeah, that's it.

20 Q. Is it fair to say as of the time  
21 you wrote this e-mail you did not believe  
22 that you fit in with the case managers at  
23 Lawrence Hospital?

24 A. No, I did fit in after a while.

25 Q. So why did you say, "So I didn't

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2 **Lawrence Hospital?**

3                 A. I think, given the nature of  
4 patients and people who were in the hospital  
5 and in an environment that's unusual for them  
6 and that's very disorienting for them, every  
7 one that I came in contact with, I could not  
8 do psychotherapy per se with any one of them.  
9 They were there for such a short period of  
10 time.

11               If you talk about some really,  
12 really brief therapy, I guess that's what's  
13 done. Get to the point, get to the feelings  
14 and have them move on.

15               Q. So when you say that your  
16 expectation was that you would be doing more  
17 psychotherapy at Lawrence Hospital than  
18 turned out to be the case, you're referring  
19 to the amount of time you would be able to  
20 spend with each patient?

21               A. That, but not so much that, but the  
22 promise of the palliative care center, which  
23 was my reason for coming to Lawrence  
24 Hospital.

25               Q. What was your salary with your

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2                   A. I did not.

3                   Q. Did you record the conversation?

4                   A. I recorded it verbally to Nicole  
5 Serra.

6                   Q. Meaning you told Nicole Serra?

7                   A. I told Nicole Serra.

8                   Q. When did you tell Nicole Serra?

9                   A. Nicole Serra was -- when I left  
10 Cathy Magone's office, Nicole Serra was  
11 summoned to her office so she could learn of  
12 being appointed to the palliative care unit.  
13 And so I kind of passed her in the hallway  
14 and I said, "I'll speak to you later."

15                  So when she finished meeting with  
16 Cathy Magone, that's when I told her, and of  
17 course she knew. She said, "I can't believe  
18 this. I just can't believe this has  
19 happened."

20                  I said, "Well, that's what  
21 happened."

22                  And she said, "This is why you came  
23 to Lawrence Hospital."

24                  Q. Those are Nicole Serra's exact  
25 words to you on that occasion?

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2 A. Yes.

3 Q. "I can't believe this happened and  
4 that's why you came to Lawrence Hospital"?

5 A. Yeah. She told me she felt very  
6 badly.

7 Q. Did she say anything else to you on  
8 that occasion?

9 A. We just talked about it. She said  
10 I remember when we both worked at Phelps and  
11 you went for your interview and you came back  
12 to me and said this is a great opportunity  
13 for me because I will be able to use my  
14 behavioral health skills and there is a  
15 wonderful palliative care unit that's up and  
16 coming.

17 So the next day after my interview,  
18 I went back to work and spoke to Nicole and I  
19 told her about it and she was sad that I  
20 might be leaving, but she said I'm really  
21 happy for you.

22 Q. Was there anything else that you  
23 said to Ms. Serra or that she said to you  
24 during that conversation?

25 A. I don't recall. I mean, we had a

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2 lengthy conversation.

3 Q. Approximately how long?

4 A. During a lunch hour.

5 Q. You were having lunch with her at  
6 the time?

7 A. Yes, in the office.

8 Q. Did you tell anyone other than  
9 Nicole Serra and Pat Orsaia about the  
10 conversation you had with Cathy Magone?

11 A. Yes.

12 Q. Who else?

13 A. I told my daughter Janice Powers.

14 Q. Anyone else?

15 A. I told my partner.

16 Q. What is your partner's name?

17 A. Margaret Arnim.

18 Q. When you say partner, you mean  
19 domestic partner?

20 A. That's correct.

21 Q. Was there anyone else?

22 A. No, not immediately. I was  
23 disappointed by the decision. And I really  
24 didn't want to talk about it.

25 Q. Was there anyone else that you told

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2 about your conversation with Cathy Magone

3 prior to your termination from Lawrence

4 Hospital?

5 A. About?

6 Q. About what Cathy Magone had said to

7 you?

8 A. About Nicole -- yes, I think the  
9 case managers knew what was, you know, what  
10 had happened.

11 Q. Did you tell them yourself?

12 A. I probably did, or maybe word got  
13 out through Nicole. I'm not sure. It wasn't  
14 something that I dwelled on.

15 Q. What did you say to Janice Powers  
16 immediately or shortly after your  
17 conversation with Cathy Magone?

18 A. I told her that I couldn't believe  
19 that the position was given to Nicole Serra.  
20 That it had been implied that the position  
21 would be mine. I told her I guess I was  
22 upset about it.

23 Q. Did you say anything else to  
24 Ms. Powers about -- about that conversation?

25 A. No, that was the crux of it.

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2 from the time that I graduated and that I  
3 came back to Lawrence Hospital. I was very  
4 pleased to be there.

5 Q. At the time that you started at  
6 Lawrence Hospital, did you have any plans or  
7 expectations about when you would be  
8 retiring?

9 A. I figured around 70.

10 Q. Have those plans changed since?

11 A. No.

12 Q. What is your date of birth?

13 A. 9/16/45.

14 Q. Do you believe that Nicole Serra  
15 was a poor choice for the palliative care  
16 team?

17 MS. NICAJ: Objection.

18 You can answer.

19 A. I didn't think she was a poor  
20 choice. And my rationale for that was Nicole  
21 had no prior hospital social work experience  
22 when she came to Lawrence Hospital. And I  
23 had enough faith in Nicole knowing that she  
24 was a bright young lady, that she would be  
25 able to, you know, to do well under my

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2 Q. Over what period of time did Nicole  
3 Serra shadow you?

4 A. Over a period of -- intensely  
5 without seeing any of her own patients for  
6 about two months.

7 Q. Was it after that two-month period  
8 that you assigned her to medical surgical,  
9 labor and delivery and pediatrics?

10 A. Yes.

11 Q. To your knowledge, has Lawrence  
12 Hospital completed a physical site for  
13 palliative care on its premises?

14 A. I don't know.

15 Q. In the next few questions that I  
16 will be asking you, I'm going to be focusing  
17 the attention on some slightly different  
18 topics. One of the topics will be your  
19 understanding of the process -- the  
20 decision-making process that Cathy Magone  
21 used to reach her decision to appoint Nicole  
22 Serra rather than yourself to the palliative  
23 care team.

24 Another focus for some questions  
25 will be the merits of the decision that she

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2 in what you know or believe to be the  
3 decision-making process that Cathy Magone  
4 used in order to make that decision?

5 MS. NICAJ: Objection.

6 You can answer.

7 A. At the time I did, because I felt  
8 that I was Nicole's supervisor, and if there  
9 was going to be a decision made about where  
10 she would work and what she would do, I felt  
11 I should be in the loop in making that  
12 decision.

13 Q. Do you have any reason to doubt  
14 that Cathy Magone relied on input from  
15 Roseanne O'Hare and Maura Del Bene in making  
16 that decision?

17 MS. NICAJ: Objection.

18 You can answer.

19 A. When I questioned why the decision  
20 was made, Cathy Magone said it was a decision  
21 that was made -- I'm not quoting her, but  
22 something to this effect, the decision has  
23 been made and that's it. And she stood up  
24 and dismissed me.

25 So I really didn't have a chance to

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2 process anything or have a conversation with  
3 her about it, except that the decision was  
4 made. She didn't say how it was made. She  
5 didn't say Roseanne O'Hare or anyone else was  
6 involved in the decision.

7                  **Q. You heard testimony to that effect**  
8 **when Ms. Magone testified recently, correct?**

9                  MS. NICAJ: Objection.

10                 You can answer.

11                 A. That they were involved, yes.

12                 **Q. Do you have any reason to believe**  
13 **that that's not true?**

14                 MS. NICAJ: Objection.

15                 You can answer.

16                 A. No. If that's how it happened,  
17 that's how it happened.

18                 **Q. During your employment at Lawrence**  
19 **Hospital, were you assigned to attend**  
20 **training in connection with disaster mental**  
21 **health or mental health projects?**

22                 A. Yes, I was.

23                 **Q. When was that?**

24                 A. That was on June 20th and June 21st  
25 of 2006.

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2 Q. Is there any particular reason why  
3 you remember the dates so precisely?

4 A. I just do. I just remember that.  
5 I'm pretty good at remembering things. I  
6 remember being asked to go to this training  
7 because it was a hospital mandate in regard  
8 to -- in light of the fact that there's  
9 terrorism and there might be an event where  
10 there would be the need for a mental health  
11 professional to have a team of people to help  
12 in the event of a disaster.

13 And Cathy Magone asked me if I  
14 would go. I said sure. I didn't know what  
15 it entailed. I didn't know anything except  
16 it was a disaster mental health training and  
17 I thought it would behoove me to have extra  
18 training, and it sounded like something that,  
19 you know, I didn't question it. I just went.

20 Q. Did anyone else from the hospital  
21 attend?

22 A. There was a nurse, I believe her  
23 last name was Barbieri. Rita Barbieri? I'm  
24 not sure. I didn't know she was from  
25 Lawrence Hospital until halfway through the

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2 first day, or I just heard that she worked at  
3 Lawrence Hospital, and so we just introduced  
4 ourselves.

5 She was a per diem nurse at  
6 Lawrence Hospital working one day a week. I  
7 don't know what she did.

8 Q. The training took two full days?

9 A. Yes.

10 Q. Where did it take place?

11 A. In Valhalla, at the fire academy,  
12 fire training academy.

13 Q. Did you receive any written  
14 materials at this training?

15 A. Yes.

16 Q. What did you receive?

17 A. A book with training and how to --  
18 the training was how to train trainers. So  
19 the idea was after I was trained, that I  
20 would then pull together a training with  
21 Ms. Barbieri, if I have her name correct, and  
22 possibly people from other hospitals who  
23 attended, because it was an extremely,  
24 extremely intensive training that had to be  
25 done, and the person who gave the training

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2 suggested that a few hospitals band together  
3 and do the training.

4 Q. After you returned from this  
5 training on June 20th and 21st of '06, what  
6 steps did you take to develop mental health  
7 program at Lawrence?

8 MS. NICAJ: Objection.

9 You can answer.

10 Q. By mental health, I'm referring to  
11 this specific disaster mental health project?

12 MS. NICAJ: Objection.

13 You can answer.

14 A. What I did was I read over the  
15 manual, which was about that big, and it was  
16 very intensive.

17 Q. You're indicating a couple inches  
18 thick?

19 A. About three inches thick.

20 Q. Okay.

21 A. And I tried to read it at work when  
22 I could, which was usually my lunch hour.  
23 And I started formulating in my mind how I  
24 could go about doing this training and where  
25 I would do the training, because you needed a

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2 certain facility. You needed a certain  
3 physical facility, which is noted in this  
4 disaster training manual. It had to be a  
5 very large, large room with certain seating.  
6 There was a method and a formula to it.

7 So I started formulating it in my  
8 mind how I was going to go about doing this.

9 Q. Did you take any notes or prepare  
10 any documents in connection with formulating  
11 how you were going to implement the training?

12 A. They were mental. They were mental  
13 notes.

14 Q. So it's a no, just mental notes and  
15 no paper documents or electronic documents?

16 A. No, I didn't do anything like that.

17 Q. When you returned from the  
18 training, did you talk to anyone at Lawrence  
19 Hospital about what you would need to do?

20 A. I spoke to Nicole Serra. And I  
21 believe I spoke to Cathy Magone, who asked me  
22 how it went, and I said it went well. It was  
23 good. It was informative and eye-opening.

24 Q. Did you speak to Ms. Barbieri?

25 A. I tried to reach Ms. Barbieri on

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2 several occasions. I left her messages on  
3 her answering machine. She was there one day  
4 a week, and I think a few times she wasn't in  
5 and I tried to get together with her.

6 The training that I was required to  
7 do was required over a year period. It  
8 wasn't immediate. It was to, because there  
9 was so much information and there was so much  
10 admittedly by the person who developed it,  
11 there was so much information that the  
12 trainers needed time to assimilate the  
13 information and then teach it. So there was  
14 a timeframe of one year.

15 Q. And that was the expectation  
16 communicated to you during the training?

17 A. Right, that's correct.

18 Q. Did you tell Cathy Magone that?

19 A. No, she didn't ask me. I didn't  
20 tell her.

21 Q. Did you tell Cathy Magone that you  
22 were reading through the binder and making  
23 mental notes about how to conduct the  
24 training?

25 A. I don't believe we had an occasion

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2 to talk about it. If she asked how it went,  
3 I said it was very good. I knew what my  
4 responsibility was to the hospital and to the  
5 training, and I was formulating how I would  
6 proceed with the training.

7                 **Q. Did Cathy Magone ever ask you for**  
8 **updates on your progress?**

9                 A. She did.

10                **Q. How many times?**

11               A. Once she said are you getting that  
12 together, and I said yes, meaning that I was  
13 looking it over and that I was trying to  
14 reach Ms. Barbieri and was unsuccessful in  
15 speaking with her.

16               I think another time she asked me  
17 and I said, you know, I'm getting through it,  
18 I'm pulling it together.

19               **Q. Did you tell Ms. Magone on one of**  
20 **these occasions that it was going to be a lot**  
21 **of work?**

22               A. Yes.

23               **Q. Approximately when was that?**

24               A. Probably the first time that she  
25 asked me about it, and I don't know when it

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2 was. Maybe a month after, she asked me after  
3 the training. Maybe in July. And I said  
4 it's a lot of work. It takes a lot of work.  
5 You can't just set it up and do it.

6 Q. Do you have any reason to doubt  
7 that your workload in connection with this  
8 disaster mental health project was a  
9 consideration that Cathy Magone took into  
10 account in deciding who to appoint to the  
11 palliative care team?

12 A. No, no, because I had been  
13 multitasking and I had been doing many things  
14 at one time. If a person could do six things  
15 at a time, that's what I was doing. I didn't  
16 think of it as I couldn't do the palliative  
17 care piece as well as this, as well as  
18 prepare for the disaster mental health  
19 training.

20 MS. NICAJ: Read back the question.  
21 (Whereupon, the requested portion  
22 was read back by the court reporter.)

23 Q. Is there anything you want to add  
24 or change about your answer?

25 A. No. If I'm hearing it correctly,

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2 or religious holidays or vacation time, if  
3 you had earned it?

4 A. Right. There was a bank of time.

5 That's correct.

6 Q. Did you use any paid time off while  
7 you were employed at Lawrence?

8 A. If it's referring to sick time,  
9 yes.

10 Q. How many days were you out sick  
11 while you were at Lawrence?

12 A. When I first got there, I was put  
13 off the job by Dr. Page because she believed  
14 that I had shingles and I can't be around  
15 patients with shingles because it's  
16 contagious, and I believe I was there two  
17 weeks, and I went to her with this rash on  
18 the trunk of my body and she put me out for a  
19 week or more.

20 I was out from Monday through  
21 Wednesday morning, at which time I went back  
22 to Dr. Page to please reassess what was going  
23 on and to assure me that it was shingles,  
24 because I told her it was a new job and I had  
25 to get back to work as quickly as possible.

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2 And after looking at it again, she  
3 decided that it was not shingles and that I  
4 was cleared to go back to work. That was the  
5 first event.

6 Q. **Were you cleared to return to work**  
7 **the following day?**

8 A. That day. I went 8 o'clock in the  
9 morning and came back to work right across  
10 the street, I went to work after seeing her.  
11 And I told her it was imperative that I not  
12 be off because this was a new position and I  
13 just felt an obligation to be there. I  
14 couldn't take time off.

15 Q. **So that was two days?**

16 A. It was Monday and Tuesday, and when  
17 I went in the morning on Wednesday.

18 Q. **During your employment at Lawrence**  
19 **Hospital from March 2006 until the beginning**  
20 **of October 2006, how many days in total were**  
21 **you out sick?**

22 A. I was out for my colonoscopy, I  
23 believe, for two days. I may have had  
24 another day off for another illness, but I  
25 don't recall more than that. There may or

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2 A F T E R N O O N S E S S I O N

3 (Time noted: 1:49 p.m.)

4

5 C A R O L E N E W M A R K,

6 Resumed and testified as follows:

7 EXAMINATION BY (Cont'd.)

8 MR. KEIL:

9 Q. Ms. Newmark, you understand that  
10 you are still under oath this afternoon?

11 A. Yes, I do.

12 Q. And you testified earlier to the  
13 words that Cathy Magone used when she  
14 explained her decision to appoint Nicole  
15 Serra rather than yourself to the palliative  
16 care team.

17 Was there anything you found  
18 offensive or objectionable in the way she  
19 explained her decision?

20 A. The objectionable piece was saying  
21 that she was younger than me and could handle  
22 the job better.

23 Q. Was there anything else in what she  
24 said to you in that meeting that you found  
25 offensive or objectionable?

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2                 A. Just that I was dismissed, that  
3 there was not an opportunity for dialogue or  
4 anything.

5                 Q. While you were employed at Lawrence  
6 Hospital, was there -- were you aware of a  
7 trip being planned for certain  
8 representatives to go to Ohio to visit a site  
9 with a palliative care program?

10          A. No.

11          Q. You --

12          A. Correction. I was aware when I had  
13 lunch with Maura Del Bene. She did mention  
14 there was a trip to Ohio.

15          Q. That was the only discussion you  
16 had with anyone at Lawrence about the site  
17 trip to Ohio?

18          A. Yes.

19          Q. Do you know one way or the other  
20 whether Ms. Serra made a trip to Ohio in  
21 connection with the palliative care team?

22          A. Yes, I knew she went on a trip.

23          Q. When did you find out?

24          A. It's not exact, but I believe that  
25 I found out shortly after when Nicole was

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2 Pat Orsaia's office on or around August 18th  
3 to inform her what --

4 A. Yes.

5 Q. Let me finish the question -- to  
6 inform her of what Cathy Magone had said to  
7 you?

8 A. I'm not sure if I met with her in  
9 her office or if I called her.

10 Q. But your effort to contact Ms.  
11 Orsaia was on or about August 18th?

12 A. That sounds plausible.

13 Q. Do you remember?

14 A. No, not to the exact day, no.

15 Q. Would it be fair to say it was  
16 approximately three days after you met with  
17 Cathy Magone?

18 A. There may have been a weekend  
19 there. There may have been a weekend. I'm  
20 not sure. I would have to look at a  
21 calendar. And they may have done it on a  
22 Monday. I'm not sure.

23 Q. In that first contact with Pat  
24 Orsaia, did she tell you she was going on  
25 vacation?

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2       A. I'm not sure if that's when I knew  
3 that she was going on vacation. I may have  
4 learned about that when a date was trying to  
5 be set for us to meet.

6       Q. Was it your own idea to go to Pat  
7 Orsaia or did someone else recommend it to  
8 you?

9       A. My own idea.

10      Q. Why did you decide to go to Pat  
11 Orsaia?

12      A. Because I felt there was age  
13 discrimination.

14      Q. And that was based on the words  
15 that Ms. Magone had used to you on the  
16 meeting on the 15th?

17      A. Exactly, that Nicole was younger  
18 and could do the job better.

19      Q. Was there any other reason at that  
20 time that made you think there was age  
21 discrimination?

22      A. No.

23      Q. Was there a particular result you  
24 were looking for when you went to Pat Orsaia?

25      A. Yes.

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2 Q. What was the result you were  
3 looking for?

4 A. The result was I wanted to air  
5 this, I wanted it to be out on the table so  
6 that I could continue doing my job without  
7 any interference and without -- and I wanted  
8 her to know how I felt, that I felt it was  
9 age discrimination and I was uncomfortable  
10 working with Cathy without this being hashed  
11 out.

12 Q. Did you have a private meeting with  
13 Cathy Magone on or about September 12th?

14 A. I don't recall.

15 Q. Do you recall having a meeting with  
16 Cathy Magone in September of 2006 in which  
17 she told you that your attendance had been  
18 unsatisfactory?

19 MS. NICAJ: Objection.

20 You can answer.

21 A. No.

22 Q. Did you have any meeting with Cathy  
23 Magone prior to September 28th in which Cathy  
24 Magone told you that your probation was being  
25 extended?

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2 A. Yes, I did.

3 Q. Was that on or about September  
4 12th?

5 A. Perhaps. I don't know.

6 Q. What do you remember about that  
7 conversation?

8 A. She said that she didn't think  
9 things were working out but she felt that  
10 they could, you know, perhaps there was a way  
11 we could work things out and that she was  
12 going to extend my probation, and I told her  
13 that things, you know, there was still  
14 existing problems with the case managers not  
15 giving me things in a timely manner, and that  
16 I understood the extension, if that's what  
17 she wanted to do, that I understood that. I  
18 just wanted things to be right.

19 Q. What else did Cathy Magone say to  
20 you in that meeting?

21 A. I don't recall anything else.

22 Q. What else did you say to Cathy  
23 Magone during that meeting?

24 A. That that was fine, that she was  
25 extending my probation, that I understood

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2 that. And that hopefully we would work  
3 things out.

4 Q. Did Cathy Magone say anything to  
5 you during that meeting that you believed was  
6 untrue or inaccurate?

7 A. She really didn't say much. She  
8 just said that it was being extended because  
9 there were still issues with roles, social  
10 work roles, case management roles, palliative  
11 care roles.

12 Q. Did Cathy Magone say anything to  
13 you during that meeting that you believe was  
14 unfair?

15 MS. NICAJ: Objection.

16 You can answer.

17 A. No, I didn't balk at the fact that  
18 she was extending my probation. I said if  
19 that's what you need to do, then that's fine.

20 Q. Was anything else discussed during  
21 this meeting?

22 A. No.

23 Q. Did you also have a discussion  
24 during this meeting about your need to take  
25 time off for a colonoscopy, or was that a